

President's Report

President, NASPGHAN: Vicky Ng, MD



Dear colleagues and friends,

As we move into the heart of summer, I want to pause and reflect on the first half of 2025—a season of meaningful transitions and shared momentum across our extraordinary **NASPGHAN** family:

♦ **A HISTORIC NASPGHAN MILESTONE:**

After nearly four decades of dedicated service as **NASPGHAN's** first Executive Director, Margaret Stallings officially passed the baton on June 2, 2025. We are deeply grateful for the

solid foundation Margaret built and truly nurtured—and one that will stimulate and energize us to continue to grow and flourish. We look forward to celebrating Margaret fully at our Annual Meeting in Chicago—please join us!

♦ **A NEW CHAPTER, ALREADY IN MOTION:** We are thrilled to welcome Celena NuQuay as **NASPGHAN's** new Executive Director—thoughtful and forward-looking leader whose collaborative approach and deep respect for our community have already made a strong impact. Over her first several weeks, Celena has engaged meaningfully through listening tours and multiple 1:1 conversations with the National Office, stakeholders, and leaders across **NASPGHAN** and the Foundation. Your voice continues to matter—please do not hesitate to connect with Celena as we shape the future together.

♦ **THE CHANGING LANDSCAPE:** **NASPGHAN** continues to navigate shifting policies and national decisions that affect research, training, and the well-being of our patients and provider team members. Gratitude and huge kudos to Camille Bonta for her tireless championing to identify, update and advocate for all opportunities of relevance to **#WeAreNASPGHAN**. These are complex times—and they also highlight the power of community, collective advocacy, and shared purpose. Please check out the **NASPGHAN** Action Centers for targeted opportunities and [share your stories here](#). We are stronger together.

♦ **NASPGHAN LEADS THE G10:** This month, **NASPGHAN** began its term leading the Group of 10 (G10). This is a coalition of GI societies including AASLD, ACG, AGA, ASGE, and **NASPGHAN**. Over the

next year, the G10 will collaborate to address shared challenges and opportunities in digestive health across adult and pediatric care.

♦ **SOCIETAL PAPERS SPOTLIGHT:** Societal Papers Spotlight Gratitude to Dr. Athos Bousvaros (*JPGN* Section Editor), Dr. Sandeep Gupta (Editor-in-Chief), Drs. Joe Picoraro and Dr. Jon Moses (current and past CCQ Chairs), the Guideline Task Force, and our Executive for strengthening one of **NASPGHAN's** most impactful offerings. We continue to update our Manual of Operations, Conflict of Interest policy, RFA process, and will soon launch a new initiative to train future GRADE experts within **NASPGHAN**. Visit the [clinical guidelines section](#) of our website to explore and stay abreast of these evolving resources.

Across the U.S., Canada, and Mexico, your work continues to shape the field with depth, integrity, and compassion. Whether you're mentoring, leading QI initiatives, pushing research forward, or simply being present for families at their most vulnerable—you are making a difference in ways both seen and unseen.

NASPGHAN remains committed to walking alongside you in all your roles—clinician, educator, researcher, learner, and human being. That includes championing equity, prioritizing wellness, and creating resources that meet the realities of your work and life. You are not alone—and your contribution matters deeply.

Our 2025 Annual Meeting—led by President-Elect Dr. Jeannie Huang with ever-present support by the National Office—will be especially meaningful, with both Margaret and Celena present. It will be a time to reconnect, reflect, and look ahead with clarity and confidence. We can't wait to see many of you in Chicago this November!

Thank you for being part of this **#WeAreNASPGHAN** community. I am honored—every single day—to serve alongside you.

Wishing you rest, reflection, and moments of joy in the months ahead,

Vicky Ng, MD, FRCPC, **NASPGHAN-F**
President, **NASPGHAN**

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President-Elect Report

President-Elect, NASPGHAN: Jeannie Huang, MD



Welcome to Summer 2025!

As you begin making plans for time with family and friends, I wanted to take a moment to share an exciting update on our upcoming **NASPGHAN** Annual Meeting in Chicago, Illinois — where your **NASPGHAN** family will reunite this fall!

We're gearing up for an education-packed week, November 5–8, featuring:

- ♦ The Single Topic Symposium focused on Celiac Disease
- ♦ The Postgraduate Course
- ♦ The Annual Meeting, featuring over 200 speakers and moderators from 80+ institutions.

A heartfelt thank you to the **NASPGHAN** Committees, SIG Chairs and Vice Chairs, Facilitators, and Councilors who met in January to help shape this incredible event. Special recognition goes to the Celiac SIG and the Professional Education Committee for leading the development of the STS and Postgraduate Course respectively.

[Registration and housing are now open!](#) Please plan ahead and join us for this incredible opportunity to reconnect, learn, and grow together.

We're also thrilled to report a record number of abstract submissions this year—a testament to the vibrant and impactful research taking place across North America. To ensure a fair and inclusive review process, the abstract review team, led by the Research Committee, has been expanded to include Committee Chairs, Vice Chairs, and members. Thank you in advance for your thoughtful reviews and dedication!

At our Awards Ceremony, we'll honor members who have made outstanding contributions to our field. Huge thanks to the EEsAL (Ensuring Equity in Awards and Leadership) Task Force for shepherding nominations, and to the Awards Review Committee for their rigorous work in reviewing nominations for the Shwachman Award, and Margaret Stallings Distinguished Service Award. We look forward to celebrating our honorees with all of you in person.

NASPGHAN leadership continues to evolve, and this year's ballot includes elections for Mexican Councilor, two U.S. Councilor positions, and Ethics Committee Chair. Many thanks to the Nominations Committee for assembling a robust and diverse ballot. Voting instructions will be sent in the coming months—your participation matters!

Lastly, we are in the midst of an exciting leadership transition as we welcome Celena NuQuay as **NASPGHAN's** new Executive Director, building on the incredible legacy of Margaret Stallings. Both Celena and Margaret will be present at the Annual Meeting in Chicago, and we are grateful for their collaboration in ensuring a smooth and thoughtful handoff. We look forward to a bright future for our society under Celena's leadership.

Wishing you all a joyful, restful, and inspiring summer. I look forward to seeing you in Chicago!

Warmly,

Jeannie Huang, MD, MPH
President-Elect, **NASPGHAN**



NASPGHAN/CPNP/APGNN — #PEDSGIPALOOZA2025
ANNUAL MEETING
SHERATON GRAND CHICAGO, ILLINOIS ✦ NOVEMBER 5-8, 2025



Registration is now open!

Check back here often as we add new information about the event.

Join us in Chicago, IL this November at the Sheraton Grand Chicago Riverwalk!

Wednesday, November 5 ♦ Single Topic Symposium

Thursday, November 6 ♦ Postgraduate Course

Thursday, November 6 - Saturday, November 8 ♦ NASPGHAN/CPNP/APGNN Annual Meeting

Plan to Stay for the NASPGHAN Social on Saturday Night at **Pinstripes!** ♦ There will be bopping, bonding, bocce & bowling. Two floors of fun!

NASPGHAN & NASPGHAN FOUNDATION

Secretary–Treasurer Report

We are writing this piece for the **NASPGHAN**'s summer newsletter. Bald eagles are starting to nest along the Illinois River bluffs and in Colorado, snow from the high mountains is starting to melt and fill the rivers of the west in the annual runoff. We are delighted to welcome Celena NuQuay as our new Executive Director and feel confident that this and the coming years will be great for our Society. The primary revenue sources for **NASPGHAN** are membership dues, Annual Meeting registration, journal royalties, investments, and industry support. Although the stock market has been a little rocky in the last few months, **NASPGHAN** and the **NASPGHAN** Foundation finances remain stable, and we have sufficient reserves to tide us over these bumps. At the Foundation, we are nearing the halfway point for our efforts in fundraising to support all that **NASPGHAN** members have told us are important areas for them. It has started off as a great year. Through generous donations from **NASPGHAN** and APGNN and CPNP members combined with grants from industry partners and the industry partners program, we have been able to continue to support patient education, member and trainee education and career development, practice innovation and cutting-edge research.

Here are just a few highlights:

- ♦ Our membership is strengthening, and our society keeps growing. The current membership of **NASPGHAN** is 2,918 (123 emeritus, 529 fellows, 51 editorial board members, 38 psychologists, 2,089 full members, 67 international members, 9 ESPGHAN-affiliated members, 10 student-resident members and 2 affiliates). We now have 68 Fellows of **NASPGHAN**—for those of you interested in becoming fellows. There are 475 members in the Association of Pediatric Gastroenterology and Nutrition Nurses (APGNN) and 324 Council for Pediatric Nutrition Professionals (CPNP).
- ♦ Patient education material: The foundation has rolled out patient education material that has included:
- ♦ Updates to the [GIKids](#) website: Check out these [new videos](#) on diagnosing and treating EoE.
- ♦ Culinary medicine webinars
- ♦ Trainee education and career development
- ♦ Medical Students: Mentored Summer Research Programs to help attract medical students to our field
 - Residents: Teaching and Tomorrow: providing early experiences for pediatric residents who may be interested in pediatric GI
 - Fellows: Fellow retreats with focused curriculum for all three years of pediatric GI fellows and Advanced Fellowships
- ♦ Junior Faculty Conference with content focused on career stage
- ♦ Nursing, Dietitian and Allied Health Research awards
- ♦ Member education: N²U (supported by a grant from Kate Farms) continues its great success and is now modeled on this concept led by Mercedes Martinez, Amal Aqul, and Saeed Mohammad, we were able to have the first Hepatology Boot Camp (supported by grants from Mirum and Ipsen) where initial reviews are uniformly outstanding.
- ♦ We held 7 webinars for members over the last year.
- ♦ Supporting research: With the current uncertainty of research funding it is important to continue to have support for new and established researchers in basic and clinical translational science.

- ♦ This year, the **NASPGHAN** Foundation serving the needs of the **NASPGHAN** community was able to maintain funding for most of our research awards and added a new young investigator award in pediatric hepatology generously supported by grants from Mirum and Ipsen.

Some key links in case you want to learn more:

[NASPGHAN | NASPGHAN Foundation Grants](#)

[NASPGHAN | Hepatology Bootcamp](#)

Why did we outline all of these efforts? These programs could not exist without generous sponsors and member donations and LOTS of work and effort by the respective **NASPGHAN** committees who design the education and development material.

Back to the runoff analogy: In Colorado, rightly or wrongly, tradition is to store a portion of the runoff to allow water to continue to flow through the year to hopefully help the health of the rivers and water needs of the population. At the Foundation, we rely on the yearly influx of support from our members and partners to support the ongoing priorities of **NASPGHAN**. We hope that the above highlights will show you that there is something from **NASPGHAN** and **NASPGHAN** Foundation for all of our members and that you believe that this work merits consideration of your support. We know that requests for philanthropic support are on the rise with more stress on not-for-profit organizations (like **NASPGHAN** and the **NASPGHAN** Foundation) and that, in general, life is just more expensive. Know that the **NASPGHAN** leadership is working hard to get the best value out of all the contributions that we receive and that we appreciate any and every donation from our membership or connections to potential partners. We are all in this together, and together we can help the **NASPGHAN** Foundation fulfill the mission of **NASPGHAN** as we move forward. In our next newsletter, we will update you on the finances of **NASPGHAN** and the Foundation and provide some highlights of philanthropic trends.

As I am new to the **NASPGHAN** Foundation Secretary Treasurer role working with Manu, please feel free to reach out to me directly at michael.narkewicz@childrenscolorado.org, or Manu at mrsood@uic.edu, if you have any questions, suggestions or feedback for either of us.



Manu Sood, MBBS



Michael R Narkewicz, MD

NASPGHAN Foundation News

Ann Scheimann MD, MBA ♦ President, NASPGHAN Foundation

Karen Murray MD ♦ President-Elect, NASPGHAN Foundation

Dear Colleagues and Friends:

Over the past year, the **NASPGHAN** Foundation, in partnership with **NASPGHAN**, has embarked on a breadth of activities to improve the delivery of care to families, and enhance the well-being of the membership through retreats (fellows, junior faculty), conferences (N³U, Teaching and Tomorrow), webinars (culinary medicine, dysphagia, technology), and slide decks (eosinophilic esophagitis, parenteral nutrition). The spring of 2025 welcomed the enthusiastic launch of Hepatology Bootcamp in April, and EoE patient videos formally promoted by **NASPGHAN** on 5/22/2025- WORLD EoE day, accompanied by an EoE grand round slide series for use by **NASPGHAN** members. We have continued to support research which we see as “mission critical” to advance knowledge and care, with the addition of new young investigator awards in pediatric eosinophilic gastrointestinal disorders and pediatric liver disease, supported by industry partners. Please take time to review the updated portfolio of grant offerings (recently reformatted by the research committee) which have deadlines over the summer months [2025 NASPGHAN Foundation Grants](#); all are strongly encouraged to apply.

Our society's Foundation Board welcomed new members, including Sandy Kim (2023- at-large member), Cara Mack (May 2024), Rohit Kohli (May 2024) and Tolulope Falaiye (2024- at-large member). Other current Board members include Menno Verhave (Immediate Past President), Michael Narkewicz (Secretary/Treasurer), Robert Dahms, Praveen Goday, Melanie Greifer, Jenifer Lightdale, Mercedes Martinez, Dedrick Moulton, Vicky Ng, Manu Sood, and Justine Turner.

The mission statement of the **NASPGHAN** Foundation is “To Fund and Support the Professional, Patient Education and Research Missions of **NASPGHAN**.” We greatly value the continuing financial support and generous donations of time by the membership at large, dedicated efforts of the **NASPGHAN** office staff, **NASPGHAN** Foundation staff (thanks to Margaret and Debra) along with the contributions from our Foundation Partners as we work to improve the health and wellness of the children and families we serve. We wish to honor the years of dedicated service to the **NASPGHAN** Foundation by Menno Verhave and Margaret Stallings. We're excited to welcome Celena NuQuay to provide guidance and direction to the **NASPGHAN** Foundation as we continue the journey forward. Through the collective efforts and contributions of so many of you, our organization remains strong- “SMALL BUT MIGHTY.” We cannot wait to see everyone at the **NASPGHAN** meeting in Chicago, IL in November!

Warm Regards,



Ann Scheimann MD MBA
President, **NASPGHAN** Foundation



Karen Murray MD
President-Elect **NASPGHAN** Foundation

COMMITTEES AND SPECIAL INTEREST GROUPS (SIGS)

New MASLD & Obesity SIG Formed – Join Today!

NASPGHAN is excited to announce the launch of a new Special Interest Group (SIG) dedicated to Metabolic dysfunction-associated steatotic liver disease (MASLD) and obesity in children and adolescents. With rising rates of pediatric MASLD and obesity, there is an urgent need to improve noninvasive diagnostic tools, advance therapeutic research, and enhance education for clinicians and families alike.

The MASLD & Obesity SIG will serve as a collaborative platform to drive innovation in biomarker development, promote and coordinate clinical trials, and share evidence-based strategies for management and treatment. The SIG will report to the Hepatology Committee and is co-facilitated by Drs. Philipp Hartmann and Jennifer Paniganiban.

NASPGHAN members are invited to join the new MASLD & Obesity SIG ([or any of other current SIGs](#)) by contacting Steve Farace, Director of Member Engagement, at sfarace@naspghan.org. We welcome your participation in shaping this vital new effort.



Dear **NASPGHAN** Members,

I hope this update from the Association of Pediatric Gastroenterology and Nutrition Nurses (APGNN) finds you well during these summer months. The APGNN Board has been busy planning the upcoming 2025 Annual Meeting and we are excited about the conference agenda. I was fortunate to attend the **NASPGHAN** planning meeting in January and bring back potential topics and speakers to the Board at our Dallas retreat. During the APGNN Board retreat, we focused on finalizing the conference agenda and goals for the organization in the next year, including member benefits and retention.

For the Annual Meeting, we have a dynamic agenda with speakers from various disciplines. Highlights of this year's program include Intestinal Rehabilitation, Updates in Inflammatory Bowel Disease, Implementing a Service Run by Advanced Practice Providers, as well as Following the Pathway for Diagnosis and Treatment of Reflux. I am particularly excited for our Keynote Speaker, Dr. Paquette, an intensivist and ethicist at the local Lurie Children's Hospital of Chicago who is presenting on the topic of "Addressing Moral Distress and how Policy Reform is impacting Pediatric Medicine."

As always, we are offering several Awards during the annual meeting including the Patient and Professional Education Award, Excellence in Mentoring Award, and the Sue Peck Excellence in Nursing Practice. We have 3 member scholarships aimed at helping our members afford conference travel; they include the New Member Scholarship, Active Member Scholarship, and the newest scholarship, the Nurse Member Scholarship. All applications are due 8/1/2025. Please encourage your institution's team members to apply at [Awards and Scholarships](#). During the APGNN Awards Ceremony this year, we will be handing out treats and in addition to the awards above, we will also recognize the annual Poster of Distinction Winner, selected as the top APGNN abstract submission.

Each year the annual meeting gives APGNN members the opportunity to apply for grant funding. Thank you to the **NASPGHAN** Foundation for its annual support of the Susan Moyer **NASPGHAN** Foundation Research Grant. This year we are thrilled to see two additional grant opportunities for APGNN members, including the **NASPGHAN** Foundation Innovations in Clinical Care Grant and the Celiac Disease Foundation/**NASPGHAN** Foundation Pilot Grant. **All submissions are due on 7/1/2025. Please encourage your colleagues to apply!**

APGNN continues to proudly offer numerous member benefits including the release last November of the Subject Matter Expert (SME) Resource list. The goal is for APGNN SMEs to be available for individual outreach to support members with specific clinical questions and mentoring. We again ran membership renewal incentives in January and May, to encourage timely dues payment. This year we held our 3rd annual "Meet the Board" Zoom calls for members to come ask clinical questions, learn about the organization, and consider committee/board positions. The 4th edition of the Clinical Handbook of Pediatric Gastroenterology was released last November and continues to be a useful pocket reference which is now available in an electronic version. The handbook can be purchased at the [NASPGHAN store](#).

Finally, the Pediatric Gastroenterology Nursing Assessment-Based Certificate Program continues to be a primary focus of the organization and has served as a wonderful onboarding program for newly hired nurses/providers. As of December 2024, three hundred eighty-nine individuals have purchased the full bundle and 84% of completers rated the education as "Excellent" or "Very Good." The APGNN Board and Clinical Practice Committee is in the process of developing renewal modules for certificate renewal which will be released at the end of 2026.

We are proud to announce that in the spring of 2025 the Assessment-Based Certificate Program in Pediatric Gastroenterology, Hepatology and Nutrition Nursing received accreditation by the Institute of Credentialing Excellence (ICE). ICE is a leading international, third-party credentialing organization that provides impartial validation for professional education programs. Accreditation ensures that the program has met the highest national standards for a high-quality education program. As a reminder, discounts remain available to APGNN, **NASPGHAN**, and CPNP members as well as institutions looking to purchase multiple bundles. Additional information is available at this link: [Certificate Program Information](#).

Whitney Gray, APGNN President Elect and I had our first meeting last week with the new **NASPGHAN** Executive Director, Celena NuQuay. We look forward to getting to know her and working together. On behalf of APGNN, thank you for your continued support and engagement. We remain grateful that the **NASPGHAN** leadership and Executive Office continue to collaborate with APGNN each year. We look forward to seeing everyone in Chicago this November!

With gratitude

Kerry Zabriskie Reed, RN, PNP, CPNP
APGNN President
Children's Hospital Colorado / University of Colorado



American Academy of Pediatrics Corner

The American Academy of Pediatrics Section on Gastroenterology, Hepatology, and Nutrition (SOGHN) is excited to share updates with **NASPGHAN** members!

We have three goals to complement the powerful ongoing work in **NASPGHAN**. Our goals are:

- ♦ Medical education for primary care providers
- ♦ Advocacy for patients
- ♦ Development opportunities for AAP SOGHN members

This spring, the medical education mission has been most active. SOGHN, with generous funds from Abbott Nutrition, is supporting another year of AAP Chapter talks related to GI topics. These presentations take place at the annual AAP chapter meetings in individual states. They feature pediatric gastroenterologists, and focus on issues relevant to the primary care provider. Special thanks to Mitch Cohen, MD (AAP District IX), Angela Sandell, MD (AAP District II), and Thomas Sferra, MD (AAP District V) for selecting state chapters to receive the speaker grants.

In addition, SOGHN continues to share GI-related information to primary care pediatricians (PCPs) through seminars and articles. Hannibal Person, MD (AAP District VIII) recently participated in a discussion on IgG testing with the AAP Section on Integrative Medicine, and Tebyan Rabbani, DO (AAP District IX) has given a series of talks related to the recently published AAP Clinical Report on identifying biliary atresia earlier. Related to written materials, Christine Waasdorp Hurtado, MD (AAP District VIII) has contributing multiple articles to the AAP website [healthychildren.org](https://www.healthychildren.org); Danny Mallon, MD (AAP District V) and Rajitha Venkatesh, MD (AAP District V) are writing a piece about vaccinations in patients with GI disorders; and Conrad Cole, MD (AAP District X) is leading an effort with **NASPGHAN** to analyze and eventually share results from the GI workforce survey.

Finally, we would like to welcome and congratulate the newest elected members to the AAP SOGHN Executive Committee: Carlo DiLorenzo, MD (AAP District V) and Angela Sandell, MD (AAP District II).

As we move into summer, our advocacy committee, under the leadership of Jeannie Huang, MD (AAP District IX), is looking for new ideas. If you have ideas, or if you would like more information including information about volunteering for a committee role in the SOGHN, please contact Pia Daniels, at pdaniels@aap.org. We look forward to hearing from you!

Sanjiv Harpavat, MD, PhD, FAAP

CPNP **NASPGHAN** COUNCIL FOR PEDIATRIC NUTRITION PROFESSIONALS



Dear **NASPGHAN** members,

I can hardly believe that summer is upon us! CPNP had a busy and exciting start to 2025. We were pleased to collaborate with **NASPGHAN** to co-host another successful N²U, with 6 RDs on the faculty partnering with **NASPGHAN** colleagues to deliver educational lectures and lead small group sessions. Feedback on the program was overwhelmingly positive.

We are also well into our 3rd season of Nutrition Pearls: The Pediatric GI Nutrition Podcast. We have had over 15,000 total downloads with our top listeners tuning in from the U.S., Canada and Australia. I'm incredibly proud of our dedicated podcast team and grateful to all our listeners! If you haven't already, I encourage you to follow the show — it's available on all major podcast platforms and on the [NASPGHAN website](https://www.naspghan.org).

Looking ahead, we are excited to see you at the next **NASPGHAN** Annual Meeting. Planning is well underway for our CPNP Nutrition Symposium, with a dynamic agenda including topics such as GLP-1 and pediatric obesity, malnutrition, TPN, leadership/alternative careers, and more.

As part of our ongoing efforts to expand CPNP's reach, we are thrilled to share that CPNP members will soon be contributing to nutrition-focused posts on the **NASPGHAN** website. Keep an eye on the Recent News section for these insightful contributions from our experts.

Lastly, I have been touched by the many members who have reached out to include RDs in their research and clinical work. We are sincerely grateful for your continued support and commitment to pediatric nutrition. Here's to another year of collaboration, continued learning and meaningful impact.

Warm regards,

Nicole Martin, RD, CSP, CD
CPNP President

NASPGHAN—Abbott

2025 First-Year Pediatric GI Fellows Conference

Course Co-Directors: Niviann Blondet, MD & Jason Silverman, MD, MSc, FRCPC



The **NASPGHAN**–Abbott First-Year Fellows' Conference returned this January for its 23rd incredible year, taking place at the Rosen Plaza Hotel in Orlando, FL. Nearly 150 fellows from the United States, Canada, and Mexico gathered for this vibrant event, joined by an outstanding and diverse group of faculty. In a time often marked by uncertainty, the conference provided a much-needed space for unity, learning, and collaboration.

Designed as a welcome break from the daily demands of fellowship, the event offered attendees an opportunity to forge lasting connections with peers across North America and gain valuable tools for navigating both fellowship and future careers. Sessions explored a wide range of topics - from maximizing time for scholarship and strengthening mentor-mentee relationships to advancing mental and financial wellness, among others. A dedicated segment emphasized the importance of promoting diversity, equity, and inclusion within the field of pediatric gastroenterology. Each presentation was followed by engaging panel discussions where faculty shared their personal stories, highlighting both triumphs and challenges along their professional journeys. Daily small group sessions offered deep dives into topics such as career pathways, time management, fostering wellness, allyship, conflict resolution, and overcoming imposter syndrome.

True to **NASPGHAN** tradition, the evening events reflected the community's signature blend of spirit and camaraderie. Highlights included the ever-popular GI Jeopardy, a joyful karaoke night, and a high-energy dance party where faculty and fellows celebrated well into the night. Karaoke, in particular, became a celebration of cultural richness, with songs performed in multiple languages—English, Spanish, Arabic, and Hindi—showcasing the inclusive spirit of the conference.

This year's success was made possible thanks to a dedicated group of faculty whose diverse backgrounds spanned clinical care and research: Drs. Niviann Blondet (Course Co-Director), Jason Silverman (Course Co-Director), Razan Alkhouri (**NASPGHAN** International Committee), Anthony Anani, Justin de Boer, Rachel Chevalier (**NASPGHAN** Research Committee), Ankur Chugh (**NASPGHAN** Technology Committee), Peace Dike, Jeannie Huang (**NASPGHAN** President-Elect), Danny Mallon (**NASPGHAN** Training Committee Chair), Ricardo Medina, Veronique Morinville (**NASPGHAN** Canadian Councilor), Nikhil Pai, and Courtney Rusch (**NASPGHAN** Fellows Committee Co-Chair).



We are deeply grateful to Abbott, represented by Kathy Ruminsky and Donnie Michel, for their generous support; to **NASPGHAN** Executive Director Margaret Stallings for her steady guidance; and to Howard Wise and the CTP Group for outstanding conference planning. Since its inception in 2002, this conference has been a cornerstone for early career development and a catalyst for lifelong professional relationships in pediatric gastroenterology.

NASPGHAN—Abbott 2025 Second-Year Pediatric GI Fellows Conference

Course Co-Directors: Jennifer Strople, MD & Kevin Watson, MD



Abbott supported the **NASPGHAN** Second-Year Fellows Conference, which took place from April 3-5th. This year we ventured to a gorgeous new location in Denver, Colorado with picturesque mountain views.

The conference continued to provide our second-year pediatric GI Fellows from across North America with the opportunity to meet and network with faculty and their co-fellows.

Fellows participated in a curriculum focused on career development, helping them envision their best lives in pediatric GI, and how to apply, prepare and interview for a job, and pursue work/life integration through talks, multiple faculty panels, and small groups. In what has become a fellows conference tradition, the programming was highlighted by a moving faculty panel where they shared personal and professional challenges they faced and overcame. Our faculty included fifteen diverse, enthusiastic, and accomplished individuals who share a common passion for teaching and mentoring the future of our amazing organization.

Special thanks to Donnie Michel, Kathy Ruminsky and Abbott for supporting this successful meeting for another great year, including our Fellow vs Faculty dance off! The fellows were victorious in the dance off (although there were cheating allegations from faculty). We are so thankful to the 2025 faculty without whom this meeting could not have happened: Danny Mallon (Training Committee Chair), Dominique Bailey, Dania Brigham, Amit Grover, Evelyn Hsu, Soma Kumar, Mark Kusek, Vicky Ng, John Pohl, Neha Santucci, Miguel Saps, John Stutts and Mike Wilsey.

Last but NOT least, this annual conference would never happen without the ever-present dedication, energy, hard work, and unwavering support of Margaret Stallings, Laura Smith, and the **NASPGHAN** National Office.

Billing & Coding

Provided by Kathleen A. Mueller, RN, CPC, CCS-P, QMC, QMGC, CGCS, ICD-10 Proficient
President, AskMueller Consulting, LLC in Association with McVey Associates, Inc.



2025 Physician Fee Schedule —
*Final Rule Issue November 1, 2024,
and published in the Federal Register
on December 9, 2024*

2025 PHYSICIAN FEE SCHEDULE

- ◆ Released on November 1, 2024, and published on 12-9-24
- ◆ CY 2025 PFS Rate Setting and Conversion Factor
- ◆ By factors specified in law, average payment rates under the PFS will be reduced by 2.93% in CY 2025 compared to the average amount these services are being paid for most of CY 2024. The change to the PFS conversion factor incorporates the 0.00 percent overall update required by statute, the expiration of the 2.93% increase in payment for CY 2024 required by statute, and a small estimated 0.05% adjustment necessary to account for changes in work relative value units (RVUs) for some services. This amounts to a proposed estimated CY 2025 PFS conversion factor of \$32.36, a decrease of \$0.93 (or 2.80%) from the current CY 2024 conversion factor of \$33.29.
- ◆ <https://www.cms.gov/files/document/mm13887-medicare-physician-fee-schedule-final-rule-summary-cy-2025.pdf>

Congress did not intervene so the conversion factor of \$32.36 per RVU took effect on January 1, 2025.

TOP OIG ISSUES INVOLVE GASTROENTEROLOGY

The Office of Inspector General (OIG) Work Plan outlines the key areas of focus for audits, investigations, and evaluations within healthcare, including areas that are at high risk for fraud, waste, or abuse. It is updated annually and provides valuable insight into areas where providers, such as gastroenterologists, may face increased scrutiny.

In 2025, the OIG will continue to scrutinize billing practices, coding errors, overutilization of services, and emerging technologies in GI care. Listed below are some of the top areas of focus for pediatric gastroenterology practices.

► Incident-to Services

- ◆ The Office of Inspector General (OIG) has placed a significant focus on enforcement and compliance. One area of focus is “Incident to” services. This is not limited to the OIG but all payors (Governmental and Commercial). (RACs, UPICs, etc.) While incident-to is a termspecific to Medicare and Medicaid, other payors

do offer the ability to bill in a similar manner or refer to Medicare on guidelines for this type of service.

“Incident-to” billing refers to services provided by a non-physician healthcare provider (such as a nurse practitioner, physician assistant, clinical nurse specialist, or ancillary staff member) can be billed under a supervising physician's National Provider Identifier (NPI) number, provided certain conditions are met. These guidelines allow providers to offer services to established patients with established care plans that allow physicians more new patients or to perform more procedures that require their level of skill, all while still meeting CMS requirements.

► Incident-to Tips

- ◆ Direct supervision (The physician must be in the office suite (POS-11) and readily available).
- ◆ The physician must have seen the patient and developed the care plan (This means that this is not the patient's initial visit with the APP (NP, PA, CNS)).
- ◆ This only takes place in the office (non-facility) setting.
- ◆ The APP must be working within their state licensed scope of practice.
- ◆ Remember that to bill an “incident to” service under the name of the MD when seen by the APP, the patient is being seeing for routine follow-up without exacerbations and/or any change in the treatment plan.
- ◆ Are you routinely checking documentation? If not, then you are at risk.
- ◆ Remember that the physician still must be actively involved in the patient's care for incident-to billing rules to apply. Documentation must include notes that the physician was still actively involved in the treatment plan for a specific diagnosis with frequency dependent upon the MAC policy. Some policies mandate that the physician sees and documents updates to the care plan every third visit.
- ◆ Reimbursement for incident-to services is 100% of the physician fee schedule as compared to 85% for the APP services. Hence the focus on accuracy. If not followed, this is considered fraud.
- ◆ Make sure that your APPs are credentialed and bill under their NPI numbers. Remember that even though some commercial payers may not follow incident-to policy, most have policy that services should be billed under the provider who provided the service.

► Potential Financial Penalties

- ◆ Any overpayment assessed will also include Civil Monetary Penalties (CMPs) and they start at 200% and could go up to 300% the amount unlawfully claimed. You also run the risk of violating the False Claims Act (FCA) or the Health Care Fraud Statute.
- ◆ Is it worth the 15%

Billing & Coding continues on the following page

TELEHEALTH SERVICES FOR GASTROENTEROLOGY

Expanded audits of GI services provided remotely.

► Audit Goals:

- ◆ Ensure compliance with HIPAA and CMS telehealth regulations.
- ◆ Verify that telehealth claims are legitimate and that services rendered via telehealth are appropriate and necessary.
- ◆ Remote Patient Monitoring Make sure documentation includes:
 - Initial education
 - Device Set-up
 - Treatment management

► Key Risks:

- ◆ Improper billing for telehealth services or using telehealth for procedures that require in-person visits.
- ◆ Fraudulent claims related to telehealth consultations.

► Recommendation:

- ◆ Implement robust telehealth billing protocols that align with OIG and CMS regulations.
- ◆ Ensure accurate patient records and proper documentation for telehealth visits.
- ◆ Location of patient and provider
- ◆ Documentation of HIPAA compliant A/V mode
- ◆ Documentation of patient consent

ADVANCED ENDOSCOPIC PROCEDURES

The OIG is focusing on the coding and billing of advanced procedures such as endoscopic retrograde cholangiopancreatography (ERCP), endoscopic ultrasound (EUS), and capsule endoscopy.

► Audit Goals:

- ◆ Ensure that these advanced procedures are medically justified and that they follow appropriate coding practices.
- ◆ Verify that the procedures are not being overutilized or incorrectly billed.

Key Risks:

- ◆ Overutilization of advanced GI procedures that do not meet medical necessity standards.
- ◆ Incorrect coding for complex procedures, leading to improper reimbursement.

► Recommendation:

- ◆ Ensure that advanced procedures have clear and detailed documentation supporting medical necessity.
- ◆ Conduct internal audits to ensure that all advanced procedures are billed in compliance with the latest coding guidelines.

2026 PROPOSED ICD-10-CM CODES FOR GASTROENTEROLOGY

Effective Date: January 1, 2025

The proposed ICD-10 codes for 2026 were released. Over 500 were released. However, these are not necessarily the final codes.

So far, there are no new K codes specific to gastroenterology, but there are some new abdominal pain codes. Since “lack of specificity, is one of the to denial reasons, over the past 2 years, it is essential that providers document and code to the highest level of specificity and location of abdominal pain, is one of the top areas of focus. Often, the location of pain is documented in the HPI (History of present illness) but not brought over to the assessment and plan where the ICD-10 codes is assigned. Too often, R10.9 (abdominal pain, unspecified site), is what is seen in the assessment and plan. Every denial or pended claim, costs the practice between \$35-100 depending upon the denial reason(s) so it is essential that specificity is documented.

CPT CODE	CPT DESCRIPTION
R10.20	Pelvic/perineal pain, unspecified
R10.21	Right pelvic/perineal pain
R10.22	Left pelvic/perineal pain
R10.23	Bilateral pelvic perineal pain
R10.24	Suprapubic pain
R10.85	Abdominal pain, multiple sites
R10.8A1	Right flank tenderness or pain in the flank
R10.8A2	Left flank tenderness or pain in the flank
R10.8A3	Bilateral flank tenderness
R39.851	Right costovertebral tenderness
R39.852	Left costovertebral tenderness
R39.853	Bilateral costovertebral tenderness

Public Affairs and Advocacy Report

Jennifer Dotson, MD, MPH ♦ Chair, NASPGHAN Public Affairs & Advocacy Committee



FDA INITIATES REVIEW OF NUTRIENTS IN INFANT FORMULA

The U.S. Department of Health and Human Services (HHS) and U.S. Food and Drug Administration (FDA) launched in May a comprehensive review of nutrients in infant formula. There has not been a comprehensive assessment since 1998. The agencies have issued a request for information (RFI) to which public comment is invited on six questions, including what adjustments should be made to the levels of required nutrients. **NASPGHAN** will respond to the RFI by the September 11 deadline.

On June 4, the FDA convened an expert panel on infant formula during which a number of issues were raised ranging from the marketing of infant formulas to sources of fatty acids and the need to improve access donor milk, lactation consultants, and pumps to support breast feeding.

Panelists included **NASPGHAN** members Valeria Cohran MD, MS, Nan Du, MD, MPH, and Tim Sentongo, MD, MBBS.

Dr. Sentongo explained that the [federal code of regulations](#), which specifies the nutrient content of infant formulas, recommends a high range of protein intake. However, new growth standards published in 2006 showed that breast-fed infants tend to gain weight more slowly and have a lower long-term risk of becoming overweight compared to those who are formula-fed. As a result, protein recommendations can be revised to lower levels that better align with the protein content found in breast milk.

Dr. Cohran spoke about the need for greater education among families and physicians about the differences among formulas. She also spoke to the benefits of improving the similarity between formula and breast milk, including because human breast milk has been shown to enhance intestinal adaption and neurodevelopment.

Dr. Du reminded panelists and audience members that coverage, cost and access must be taken into consideration alongside guidance changes. She also suggested a thoughtful examination of the differences, including nutrition content and labeling, between U.S. formulas and those manufactured and sold overseas.

All three highlighted the use of formulas for the treatment and management of GI diseases and disorders.

Prior to the conclusion of the discussion, panelist Steven A. Abrams, MD, Professor of Pediatrics at the University of Texas, underscored that infant formula sold in the United States is safe. “No one should take home the idea that one has to get a formula from another country or another part of the world. Our goal is simply to improve what is already an effective product,” he said.

Individual **NASPGHAN** members are eligible and encouraged to respond to the RFI.

NASPGHAN AND AGA SUBMIT TESTIMONY IN SUPPORT OF NIH FUNDING

On June 9, **NASPGHAN** and the American Gastroenterological Association jointly submitted [testimony](#) to the Senate Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education asking Congress to continue to make critical investments in the National Institutes of Health (NIH). The request comes as the new Administration proposes to cut the NIH’s budget by 38 percent. The societies wrote the cut “would have a devastating impact on America’s research infrastructure, threaten the future of our nation’s best and brightest scientists from pursuing research careers, and cede our economic competitiveness in the life sciences and the industry it creates.”

The testimony highlighted advancements in digestive disease research made possible with NIH support, including the Consortium of Eosinophilic Gastrointestinal Disease Researchers and ImproveCareNow.

The societies also urged Congress to refrain from consolidating the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and two other institutes into a new National Institute on Body Systems. The testimony underscored the burden of digestive disease requires greater federal resources and deserves to be upheld as separate and independent institute within the NIH.

NASPGHAN members are strongly encouraged to [TAKE ACTION](#) and tell their members of Congress to increase federal NIH funding.

NASPGHAN MEMBERS URGED TO ASK CONGRESS TO PROTECT MEDICAID

On June 2, **NASPGHAN** urged its members to ask Congress to take action to protect Medicaid and CHIP by contacting their senators through the **NASPGHAN** Action Center.

On May 22, the House passed its version of a sweeping domestic-policy bill ([H.R. 1](#)) that has been passed to the Senate. Notably, the bill includes changes to Medicaid and the Affordable Care Act exchanges that could cause millions to lose health care coverage and access to care.

Among the provisions in the House-passed bill that would impact coverage and access to care for children include:

Medicaid:

- ♦ Freezes state provider taxes that could force states to make major changes to their Medicaid programs, which could include cutting some combination of benefits, eligibility, and payment rates for health care providers.
- ♦ Modifies when states can provide retroactive Medicaid and CHIP coverage from three months to one month preceding the month in which an eligible patient submits their application for assistance under the program.

Public Affairs & Advocacy Report continues on the following page

ACA Exchanges:

- ◆ Creates additional administrative barriers for ACA enrollment including shortening the open enrollment period to 45 days, rather than the current 75-days.
- ◆ Eliminates the year-round enrollment opportunity for people with incomes up to 150% of poverty.
- ◆ Removes an automatic extension of 60 days for an enrollee to verify their household income.

In May, **NASPGHAN** joined the College of Surgeons and 40 other medical societies [in a letter](#) to congressional leaders warning the proposals in H.R. 1 would cut off the access needed to care for patients. Watch for future ways to engage on this important issue through the [NASPGHAN Action Center](#).

NASPGHAN JOINS COALITION ASKING CONGRESS TO PROTECT STUDENT LOANS

Included in the tax and spending bill passed by the House on May 22 are provisions that would change the student loan infrastructure that could negatively impact the next generation of physicians and ability to meet future physician workforce demands.

Provisions include:

- ◆ Elimination of the Federal Direct Graduate (GRAD) PLUS loans for new borrowers starting in the 2026-2027 academic year and for existing borrowers starting in 2029-2030.
- ◆ A cap on the amount of Federal Direct Unsubsidized loans — \$50,000 for undergraduate education, \$100,000 for graduate education and \$150,000 for “professional programs.”
- ◆ Removal of time spent in residency as a public service job, making residents ineligible for the Public Service Loan Forgiveness (PSLF) program.
- ◆ Modification to the way student eligibility for need-based federal aid is calculated by using the median cost of attendance by program of study from all institutions of higher education (IHEs) that offer such programs of study rather than the cost of attendance of a student’s specific program as determined by their IHE.
- ◆ Elimination of the current income-driven repayment (IDR) plan, which would be replaced by a new Repayment Assistance Plan which would require a borrower to remain in repayment for 30 years (instead of 20 or 25 years), before they could receive forgiveness. Repayment amounts would be based on the borrower’s adjusted gross income, maxing out at 10 percent for individuals who make more than 100,000 per year.

On May 22, **NASPGHAN** joined the Association of American Medical Colleges and other medical societies in [sending a letter](#) to congressional leaders which stated that eliminating the GRAD PLUS loan or restricting aggregate lending will disadvantage medical students and worsen physician workforce shortages. The letter also asked that current eligibility requirements for the PSLF program be maintained for medical students.

It is expected changes to the bill will be made in the Senate. Watch for future updates and grassroots calls to action from **NASPGHAN**.



international bowel
ULTRASOUND GROUP

IBUS REGIONAL HYBRID MODULE 1 WORKSHOP:

Date & Time:

November 4th, 2025 - from 8:00 AM to 6:00 PM

Location:

Sheraton Grand Chicago Riverwalk
301 E North Water Street,
Chicago, Illinois 60611

Workshop description:

The 10th IBUS Hybrid Module 1 Workshop will take place on November 4th, 2025 in Chicago, IL, USA.

This IBUS workshop has been developed by a group of international experts in IBD and intestinal ultrasound (IUS). Participants will learn about the basics of IUS and its role in diagnosis, follow-up of treatment, and complications in IBD.

The workshop consists of 2 parts:

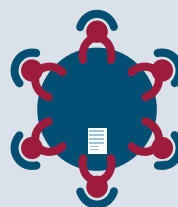
- ◆ Theoretical and didactic training: participants will engage in an interactive, self-directed eLearning course via IBUS
- ◆ Practical training: the hands-on experience component will be facilitated through an introductory face-to-face workshop involving sessions with patients

This workshop, hosted by IBUS and iUSCAN, will be presented for attendees of the **NASPGHAN** Annual Meeting, but is open to all Pediatric applicants, not just those attending the Annual Meeting. Adult providers may apply, but Pediatric provider applications will be prioritized. This workshop will take place on November 4th, 2025, the day before the official start of the Meeting on November 5th, 2025.

The workshop steering committee consists of Drs Michael Dolinger from NYU (USA), and Amelia Kellar from University of Chicago (USA).

[Additional information and application are available here.](#)

*Presented for attendees of the **NASPGHAN** Annual Meeting. This event is sponsored by The Intestinal Ultrasound Group of the United States and Canada (iUSCAN). Please note, this is not an official **NASPGHAN** event/function.*



See the latest on
[NASPGHAN Meetings and
Meetings of Interest](#)

Hepatology Bootcamp

The inaugural Hepatology Bootcamp launched in April 2025 marked a significant milestone in expanding liver disease education to general practitioners and underscored The **NASPGHAN** Foundation's continued commitment to advancing clinical knowledge and training. This 1.5-day meeting achieved its goal of delivering a focused, expert-driven hepatology curriculum for pediatric gastroenterologists outside transplant centers. The fully funded program established by the **NASPGHAN** foundation was designed to provide frontline gastroenterologists with comprehensive, rich case-based training, laying the groundwork with long term educational impact, and enhancing their basic understanding of key hepatology topics. The bootcamp welcomed 28 participants from across the U.S., Canada, Mexico, Colombia, and the Middle East, and was led by a distinguished faculty of 10 hepatology experts. The curriculum featured highly interactive sessions covering a broad spectrum of liver diseases. Attendee feedback was overwhelmingly positive, with many praising the practical relevance of the content, the dynamic teaching format, and the opportunity for direct engagement with faculty. The critical need for this type of focused educational initiative was evidenced by the volume of knowledge delivered in a short time and the level of involvement. Based on evaluation data, the bootcamp was considered a great success, demonstrating the critical need—and enthusiasm—for this type of focused educational initiative. Plans for future meetings are already under discussion. If you're a pediatric GI interested in improving your hepatology knowledge, be in the lookout for incoming opportunity to apply.



April 24-25, 2025

Renaissance Chicago O'Hare Suites Hotel
Chicago, IL



IPSEN



Ipsen is a global biopharmaceutical company dedicated to the development of new and transformative treatment options for people with rare diseases, including rare liver diseases. Ipsen has products approved in multiple indications within this space, including progressive familial intrahepatic cholestasis (PFIC), Alagille syndrome (ALGS), and primary biliary cholangitis (PBC), and is also investigating potential medications for primary sclerosing cholangitis and biliary atresia.

Biliary atresia is a pediatric hepatobiliary disorder diagnosed in infancy and characterized by destruction of the biliary tree, leading to obstructive cholestasis. Without timely intervention, all affected infants develop end-stage liver disease within the first 2 years of life. The only current treatment is the Kasai portoenterostomy, a surgical procedure aimed at restoring bile flow by removing the obstructed bile ducts and creating a direct connection between the liver and small intestine. Early diagnosis is critical, as delayed intervention significantly reduces the chances of transplant-free survival. Despite biliary atresia's rarity—affecting approximately 1 in 12,000 to 18,000 live births in the US—it is the leading indication for liver transplantation in children in the US and is responsible for approximately 59% of liver transplants in infants aged 1 year or younger and 31% of pediatric liver transplants overall. Consequently, biliary atresia remains the leading indication for liver transplantation in children worldwide. Unlike PFIC, ALGS, and PBC, there are no pharmacological therapies approved for biliary atresia.

To better characterize this area of need, Ipsen is engaging disease experts and **NASPGHAN** members Dr. Cara Mack and Dr. Tebyan Rabbani to develop a systematic literature review on the epidemiology, natural history, and disease burden of biliary atresia in the United States. Preliminary results of this systematic literature review were presented at the 2024 **NASPGHAN** meeting.¹ [For additional resources, including disease state information on biliary atresia, please visit the Ipsen website here.](#)

► SAVE THE DATE!

As part of Ipsen's commitment to improving people's lives and health outcomes, an in person *Cholestasis Academy* will be hosted on September 3rd, 2025, just prior to this year's Gastroenterology and Hepatology Advanced Practice Providers (GHAPP) meeting to be held September 4th–6th, 2025, in Las Vegas, Nevada. This summit will bring together healthcare professionals, including hepatologists, gastroenterologists, and advanced practice providers, who are involved in the management of pediatric and adult cholestatic liver diseases to share knowledge and discuss advancements in the field. The full agenda and link to the registration site will be shared later this summer. If you would like to be contacted when additional event details are available, [please provide your contact information here.](#)

References:

1. Lee S, et al. *JPGN Reports*. [Abstract website.](#)

PROMETHEUS



Prometheus Laboratories is committed to offering precision medicine solutions to tailor patient management decisions along the IBD patient journey—regardless of age. Our continuum of testing includes the following:

- **IBD sgi®**: Helps differentiate IBD from non-IBD and includes unique serologic markers that support risk stratification of disease phenotypes.
- **Respondr® TNF (New)**: Indicates the likelihood of response to anti-TNFs prior to therapy initiation by evaluating individual patient pharmacokinetic risks along with genetic susceptibility to immunogenicity for patients ≥ 35 kg. Understanding these risk factors prior to therapy initiation identifies patients who may benefit from more active management to achieve therapy goals. A 2024 publication by [Spencer et al.](#) studied the impact of these risk factors on immunogenicity and clinical and biochemical remission.
- **PredictrPK®**: The only precision-guided dosing tests that incorporate individual patient pharmacokinetics into therapy optimization to overcome interpatient response variability. Tests report drug clearance and forecast drug concentrations at current and alternative dose and interval strategies. Tests were previously available for optimization of infliximab induction and maintenance therapy, and PredictrPK ADA was recently made available for patients ≥ 12 years of age being treated with adalimumab. Data supporting the ADA validation was presented at [DDW](#). A 2022 publication by [Dubinsky et al](#) evaluated the use of precision-guided dosing during IFX induction to improve long-term outcomes and in 2023 a [follow-up study](#) evaluated the impact the combination of precision-guided dosing and clearance evaluation had on both the time and probability of achieving clinical remission.
- **Monitr® Crohn's Disease**: A non-invasive serum monitoring test to measure and track endoscopic disease activity. Now validated for patients ≥ 12 years of age, with data recently presented at [DDW](#).

MIRUM



A Clinical Research Study for Cholestatic Liver Diseases

The Expand Study: Evaluation of Maralixibat in Pruritus Associated With General Cholestatic Liver Disease.

Research study detailed information shared on the following page.

A Clinical Research Study for Cholestatic Liver Diseases

THE EXPAND STUDY

Evaluation of Maralixibat in Pruritus Associated With General Cholestatic Liver Disease



Study Design

A randomized, double-blind, placebo-controlled Phase 3 study to evaluate the efficacy and safety of maralixibat in the treatment of participants with cholestatic pruritus



MARALIXIBAT

Orally administrated IBAT inhibitor that interrupts enterohepatic circulation of bile acids.

Patient Eligibility*



Cholestatic liver disease with cholestatic pruritus

Diseases including, but not limited to the following: biliary atresia, ciliopathies, alpha-1 antitrypsin deficiency, post-liver transplant cholestasis, secondary sclerosing cholangitis, ARC syndrome, Caroli's disease, chronic viral hepatitis, hepatic sarcoidosis, idiopathic amyloidosis, IgG4-related sclerosing cholangitis, ischemic cholangiopathy, metabolic disorders, MAFLD, cholestasis of unknown etiology.



6 months of age or older



Diagnosis of ALGS, ICP, PBC, PFIC or PSC with native liver

* Additional criteria must be met

Now Enrolling

ClinicalTrials.gov Identifier: NCT06553768

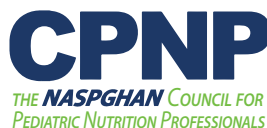
Patient referrals to study sites closest to you

- Travel reimbursement
- Home health visits



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NASPGHAN Foundation/APGNN/CPNP Nutrition Advocate Awards



NASPGHAN Foundation/APGNN/CPNP Nutrition Advocate Awards

► APPLICATION SITE:

[Open](#)

► APPLICATION DEADLINE:

August 15, 2025

► DESCRIPTION:

The Nutrition Advocate Awards are given by the **NASPGHAN** Foundation to **NASPGHAN**/APGNN/CPNP members who have demonstrated dedicated effort and excellence in promoting increased advocacy and interest in pediatric nutrition in one or more of the following areas:

- ◆ Delivered improvements in care for infants and children through implementation of nutrition services within their practice;
- ◆ Advanced the wellbeing of infants and children through delivery of nutrition services to the community;
- ◆ Developed or implemented a nutrition education/management program within their practice/office to improve the health of infants and children; and/or,

- ◆ Demonstrated first time involvement in nutrition by spearheading a new project, initiative, or research project.

These awards will be presented at the **NASPGHAN** Annual Meeting in Chicago, IL. Three awards will be given with one award for each discipline (1 **NASPGHAN** member, 1 CPNP member, and 1 APGNN member).

► CRITERIA:

- ◆ Currently practicing clinically in the care of pediatric gastroenterology patients in North America
- ◆ Be a **NASPGHAN**, APGNN, or CPNP member in good standing for a minimum of 6 months prior to the nomination.

► APPLICATION DETAILS:

The primary nominators should upload the following:

- ◆ Their primary nominating letter including details of the clinician's work with documented results/outcomes of progress/completion.
- ◆ Up to two supporting letters
- ◆ Nominee's complete curriculum vitae

These awards are supported by Abbott

Employment Opportunities

[The NASPGHAN Career Center](#), the career resource for pediatric gastroenterology, hepatology & nutrition professionals, contains a strong source of industry jobs in the nation.

JOB SEEKERS, increase your chances of getting the job you want.

- ◆ [Subscribe for free](#) to the exclusive Job Flash™ Email and have featured jobs from our top employers sent straight to your inbox.
- ◆ Create job alerts and receive notifications when positions matching your criteria are posted.
- ◆ Access everything you need to know to plan your next career move with the [Career Planning Portal](#)

EMPLOYERS, get maximum exposure.

- ◆ Email your job offers directly to the inboxes of 2,500+ pediatric gastroenterology professionals via our exclusive [Job Flash™ Email!](#)
- ◆ Search, find, and contact qualified talent through our [CV Bank](#)
- ◆ Upgrade your job postings to distribute them to a network of more than 1,000 recruitment sites or sites that are marketed specifically to attract diverse and/or veteran candidates.

[EXPLORE THE JOB BOARD & RESOURCES](#)

Welcome New 2025 NASPGHAN Members

Geoanna Bautista, MD

Brittany Gresl, PhD, ABPP

Kwang Yeon Kim, MD

Soma Kumar, MD

Kara Larson, M.S., CCC-SLP

Roopali Mittal, MD

Babajide Ojo, PhD, MS

Warren Shapiro, MD

Ana Vanessa Adams Wren, PhD

Jo Ann Youngblood, PhD